SPECIAL REQUEST/AUTHORIZATION

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, and from E.O. 9397 Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four items listed or for some other special consideration or authorization. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the special consideration or authorization being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

NAME		RATE	SSN
SHIP OR STATION		DATE OF REQUEST	
DEPARTMENT /DIVISION		DUTY SECTION/GROUP	
NATURE OF REQUEST LEAVE SPECIAL SPECIAL PAY PAY			IMUTED OTHER
NO. OF DAYS REQUESTED FROM) (Date & time	BERTY PAY	TO (Date & time)	IONS Below
DISTANCE (Aller)			
DISTANCE - (Miles) MODE OF TRAVEL	IR TRAIN	BUS	CAR
LEAVE ADDRESS (Street, box or route no., City,	State, Zip Code)	Telephone Number	
REASON FOR REQUEST			
SIGNATURE OF APPLICANT			
I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLICATION - SIGNATURE OF STANDBY DUTY STATION			
RECOMMEND APPROVAL YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
YES NO	SIGNATURE AND RANK/RA	TE/TITLE/DATE	
APPROVED DISAPPROVED	SIGNATURE		
REASON FOR DISAPPROVAL	<u> </u>		